

## REQUEST FOR MODIFICATION OF THE TERMS OF THE LICENSE/REGISTRATION

Facility/Licensee Name	Street Address			License Number
City	State	Zip Code	County	Telephone Number
<b>Specific Modification Request</b>				
<input type="checkbox"/> Change of Capacity      Explain:				
<input type="checkbox"/> Change of Use Space      Explain:				
<input type="checkbox"/> Change of Age Ranges      Explain:				
<input type="checkbox"/> Program Components      Explain:				
<input type="checkbox"/> Other      Explain:				
Additional Comments				
Licensee Signature				Date

**PLEASE RETURN TO YOUR LICENSING CONSULTANT AT YOUR  
LOCAL LICENSING OFFICE**